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990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service (77)

lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

A For the 2008 calendar year, or tax year beginning Aug 01, 2008, ar			31,2009
Check if applicable Address change A		dentification -239604	
Name change print or IDEA INC.	E Telephone	number	
Initial return See C/O CLIFFORD ALAN MOORE		7-856-9	214
Termination Specific 205 SOUTH BROADWAY	G Gross receipts	\$	2922954
Amended return tions RIVERTON WY 82501	1	a group returi	า
Application pending F Name and address of principal officer	for affi	iates?	Yes X
	H(b) Are all af		
I Tax-exempt status.	(See inst	tach a list ructions)	Yes
J Website: ▶		emption Number	•
	of Formation 1985	M State of leg	gal domicile W
Part I Summary			
Briefly describe the organization's mission or most significant activities HIGHNO THEOLOGY OF THEOLOGY HIGHNO THEOLOGY			
USING WYOMING BUSINESS GRANTS TO BUILD ECONO	MIC DEVEL	OPMENT	
INFRASTRUCTURE Check this box if the organization discontinued its operations or disposed of more that a lenter the number of voting members of the governing body (Part VI, line 1a) Enter the number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary)			
2 Check this box if the organization discontinued its operations or disposed of more that	in 25% of its assets	1 1	0
Enter the number of voting members of the governing body (Part VI, line 1a)		3	8
Enter the number of independent voting members of the governing body (Part VI, line 1b)	•	4	8
5 Total number of employees (Part V, line 2a)	• •	5	<u> </u>
6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C)		6 7a	8 -23075
b Net unrelated business taxable income from Form 990-T, line 34	•	7a 7b	-2981
b Not directed business taxable income from 1 offit 950-1, line 54	Prior Year		urrent Year
8 Contributions and grants (Part VIII, line 1h)	723		2624995
9 Program service revenue (Part VIII, line 2g)	19		10000
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	560		3964
11 Other revenue (Part_VIII, column:(A)-lines 5-6d-8c-9c, 10c, and 11e)	190:		-23075
12 Total revenue - add lines Bihrough Minustequal Part VIII, column (A), line 12)	990		2615884
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5109		28953
14 Benefits paid to or for members (Part IX, column (A) line 4)			
15 Salaries, other compensation employee benefits (21 IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), Tine 11e)			
15 Salaries, other compensation semiployee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)			
17 Other expenses (Part-IX, column (A), lines 11a-11d, 11f-24f)	35:	LO.	146207
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	5460	03.	175160
19 Revenue less expenses Subtract line 18 from line 12	444	12.	2440724
s sagar	Beginning of Ye	ar Er	nd of Year
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	517213		7752594
21 Total liabilities (Part X, line 26)	18649		2004725
	330714	17.	<u>5747869</u>
Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ants, and to the best of my	knowledge	
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of w	hich preparer has any kno	wledge	
Sign \ O. Olan O (10am higgs)	4	1/2./2.	- 44-
Here Signature of officer		191196	770
	∪a'	e	
Type or print name and title	CM		
	Check if	Preparer's ide	ntifying number
	l self- 🗂	(see instruction POO14	ns)
Ise Only Firms name (or yours CLIFFORD H MOORE & CO	employed ▶ EIN ▶	83-02	
ff self-employed), address, and ZIP+4 205 S BROA Riverton WY 82501-	Phone no		56-9214
	FIIOTIETIO		
		121	Van II Al-
May the IRS discuss this return with the preparer shown above? (See instructions) or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Yes No rm 990 (20

	n 990 (2008) IDEA INC.		74-239	6049 Page 2
Pa	rt III Statement of Program		ns)	
1	Briefly describe the organization's m			
	COMMUNITY AND ECOM	NOMIC DEVELOPMENT		
2	Did the organization undertake any	significant program services during the year which were	not listed on	
2	the prior Form 990 or 990-EZ?	significant program services during the year which were	not listed on	Yes X No
	If "Yes", describe these new service	s on Schedule O	•	T 142 ET NO
3		ng, or make significant changes in how it conducts any p	rogram services?	Yes X No
	If "Yes", describe these changes on		9	
4	Describe the exempt purpose achiev	vements for each of the organization's three largest prog	ram services by expenses	
	Section 501(c)(3) and 501(c) and (4) organizations and section 4947(a)(1) trusts are required	d to report the amount of grai	nts and
	allocations to others, the total expen	ses, and revenue, if any, for each program service repor	ted.	
		110020		
4a	(Code [.]) (Expenses \$	119939. including grants of \$) (Revenue \$	109597.
	DI ANNING ADCUITE	CO AND ENGINEEDING COOMS AC	COCTABED WINU	A DDIII
		CCT, AND ENGINEERING COSTS AS ACILITY ALL COSTS ABANDONED	SOCIATED WITH	A DRILL
	RIG MAINIENANCE FA	ACTELLI ALL COSIS ABANDONED		
				
				
			······································	
4b	(Code.) (Expenses \$	28953. including grants of \$) (Revenue \$	26150.
	NOOTOWN NOOT WARM DI	IDOUAGE OF TAXES FOR A COMM.		
	ASSISTANCE WITH PO	RCHASE OF LAND FOR A CITY P	ARK	
				
				
4c	(Code.) (Expenses \$	165 . including grants of \$) (Revenue \$,
	LOAN TO A MUSEUM E	OR BUILDING CONSTRUCTION		
				
				
4d	Other program services (Describe in	Schedule O)		
		including grants of \$)(Reve	nue \$)
4e	Total program service expenses \$		qual Part IX, Line 25, column	(B)
				Form 990 (2008)

Part IV Checklist of Required Schedules

	. Checkinst of Required Scheddles		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	-	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	<u> </u>		
7	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	-		- ^
3		_		v
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			,,
_	Schedule D, Part I	6		_ X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		i	
	complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV .	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	. 14a	-	X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	145		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	"		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	40		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16		X
		17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	.,	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d	i i	i	
	and complete Schedule K If "No," go to question 25	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	ļ	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	\Box		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
_			rm 990	(2008)

Part IV , Checklist of Required Schedules (Continued)

Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee. a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L. 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." complete Schedule L. Part IV X 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Х 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Χ 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Χ 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its exempt or unrelated activities through an entity that is not a related 37

organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

Part VI Governance, Management, and Disclosure

_ P	Governance, Management, and Disclosure (Sections A, B, and C request information about policies	not	-	
	, required by the Internal Revenue Code)			
Sect	on A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following?			
а	The governing body?	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	N	14
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Secti	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official?	15a	N	//A
b	Other officers or key employees of the organization?	15b	N	1/6
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	- 1	Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	Ŋ	IA
Secti	on C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ NONC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization. ▶CH MOORE & CO 205 SOUTH 82501 307-856-92	14		
	BROADWAY RIVERTON WYOMING BASOI			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A)	(B)	}		(C	:)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (cl			hat ap	ply)		Reportable	Estimated
	hours per week			Officer			т	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CA MOORE										
PRES	5	Χ		X				0	0	0
DENNIS HECKART								_		
VPRES	1	Х		X				0	0	0
SEC								6	D	0
LEE HEERMAN										
TREAS	3	Х		х				0	0	0
JON GUNNISON										
DIR	1	Х						0	0	O
CARTER NAPIER		ζ.						(
DIR GARY KLENTZ	1	X		├	\vdash	<u> </u>	-	0	<u> </u>	
DIR	2	x						Q	\circ	n
GEORGE PIPLICA									_	
DIR	2	Х		<u> </u>		ļ		Q	0	<u> </u>
Kevin Kershisn DIR	1	х						0	อ	ð
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Part VII Section A. Officers, Directors		Key E	mploy			d High	est			
(A)	(B)	Danis	/ - b	(C	•		Is al	(D)	(E)	(F)
Name and title	Average				Τ	T		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	other
	Week	rec	ti	ě	em	loye	ner	the	organizations	compensation
		al tr	onal		항	% Q		organization	(W-2/1099-MISC)	from the
		ารเ	2		/ee	l pe		(W-2/1099-MISC)	(** 2. 100000)	organization
		ee	stee			%	1	(** 2, 1000 111100)		and related
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1b Total					•		▶	NONE	NONE	YOME
2 Total number of individuals (including the	se in 1a) wh	no rece	eived r	nore	tha	n \$100	00,0	0 ın reportable comp		
organization▶										
										Yes No
3 Did the organization list anyformer office	r, director o	r truste	e, key	em	ploy	ee, or	high	est compensated		1 1 1
employee on line 1a? If "Yes," complete 5										3 X
4 For any individual listed on line 1a, is the										
the organization and related organization	s greater th	an \$15	0,000	? If '	'Yes	," com	plet	e Schedule J for suc	h	1 1 1
ındıvıdual						•				4 X
5 Did any person listed on line 1a receive of										1 1 1
services rendered to the organization? If	"Yes," comp	olete S	chedu	le J	for s	such p	erso	n		5 X
Section B. Independent Contractors										_
1 Complete this table for your five highest of	compensate	d inde	pende	nt co	ontra	actors	that	received more than t	\$100,000 of	
compensation from the organization.							T		· · · · · · · · · · · · · · · · · · ·	
(A)								(B)		(C)
Name and busine	ess address						+	Description of	Services	Compensation
							+-	-		
							┼			
		·				_	\vdash			
					-		+			
2 Total number of independent contractors	(including t	hose in	1) w/	no re	cei	ed mo	ore f	han \$100 000 in		
compensation from the organization	,o.uumig t		, ***	.5 16				🗘 . 50,500 III		
BCA Copyright form software only, 2008 Universal Tax	Systems, Inc. A	Ji nahts n	eserved	-		U	S990S	\$\$8 Rev 1		Form 990 (2008

Part		Statement or	November		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campained Membership dues Fundraising events Related organizating Government grants (contributions) All other contributions, griggrants, and similar amound included above Noncash \$	1b 1c 1d 1e 2	624995.	2624995.			
Program Service Revenue			H FOR GRAN	Business Code	10000.	10000.		
gram Servic	d _ e _	All other program s	Service revenue					
õ	g	Total. Add lines 2			10000.			
	3	Investment income other similar amou	(including dividends	•	3964.	3964.		
	5	Royalties .		•		-		
	6a b	Gross Rents Less rental expenses Rental income or (loss)	(i) Real 283995. 307070. -23075.	(II) Personal				
	d 7a b	Net rental income Gross amount from sales of assets other than inventory Less cost or other basis and sales	or (loss) (i) Securities	(ii) Other	-23075.		-23075.	
	c d	Gain or (loss) Net gain or (loss)		>				
Other Revenue	8a b	Gross income from fundr (not including \$ of contributions reported See Part IV, line 18 Less: direct expen Net income or (los	on line 1c)	events •		1	!	
	l	Gross income from activities. See Part Less: direct expen	n gaming t IV, line 19 a ses b					
	0 10a b c	Gross sales of inverteums and allowal Less' cost of good	nces a s sold b s) from sales of inve					
	11a b c	All other revenue	as Revenue	Business Code		-		
	е	Total. Add lines 1	1a-11d id lines 1h, 2g, 3, 4, i	5, 6d, 7d, 8c,	2615884.	13964.	-23075.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c			columns (B), (C) and (I	O).
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
<u> </u>	Grants and other assistance to governments and		expenses	general expenses	expenses
1	organizations in the U.S. See Part IV, line 21	28953.	28953.		
2	Grants and other assistance to individuals in		20333.		
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members		·····		
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and			į	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а.	Management	24000.	24000.	·	
b	Legal	165.	165.		
c	Accounting				
d	Lobbying		,		
e	Professional fundraising services See Part IV, line 17	·			
f	Investment management fees				
g	Other		·······		
12	Advertising and promotion .		- 1.		
13	Office expenses				
14	Information technology		· · · · · · · · · · · · · · · · · · ·		···
15	Royalties		-		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		. , , , , , , , , , , , , , , , , , , ,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depietion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not		· · · · · · · · · · · · · · · · · · ·		
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)			,	
а	ABANDONED CONSTRUCT	119939.	119939.		
b	IRS 2007 TAX	1597.		1597.	
c	ALL OTHER	506.		506.	
d					<u>.</u>
6					
f	All other expenses				 .
25	Total functional expenses. Add lines 1 through 24f	175160.	173057.	2103.	<u> </u>
<u></u> - 26	Joint Costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation				
BÇA		hts reserved L	IS990\$10 Rev 1		Form 990 (2008

1		•				(A)			B)	
2 Savings and temporary cash investments 1.67493, 2 39539.						Beginning of year		End o	of year	·
Place Plac			•		}	1.67402			205	
A Accounts accivable, net S Receivables from current and former officers, directors, trustiese, key employees, or other related parties. Complete Part I of Schedule L S S					}	16/493.			395	39.
Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule			-			······································	 			
### analyses or other related parties. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(r)(1)) and persons discribed in section 4958(r)(3)B) Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(r)(3)B) Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(r)(3)B) Complete Part II of Schedule D Receivables from securities Complete Part IV of Schedule D Receivables from securities Complete Part IV of Schedule D Receivables from securities Complete Part IV of Schedule D Receivable from s			•	_			4		_	
Receivables from other disqualified persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(3)(8) Complete Part II of Schedule A 17748.		5			· · · · · · · · · · · · · · · · · · ·					
4958(f)(1) and persons described in section 4958(c)(3)(B) Complete 9			•		•		5			
Part		6	·							
7 Notes and loans receivable, net 3924 7 47748.				8(c)(3)	(B) Complete		1 1			
Second S						20004			4 7 7	
10	ets		,			39224.	 		4//	48.
10	\ss	-					 -			
B Less: accumulated depreciation Complete Part VI of Schedule D 11 Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - other securities Complete Part VII of Schedule D 12 Investments - program-related Complete Part VII of Schedule D 13 Intragible assets 14 Intragible assets 14 Intragible assets 14 Intragible assets 14 Intragible assets 15 Other assets. Complete Part IX of Schedule D 3491. 15 3491	•			1 1			9			
Part VI of Schedule D		10a	_	10a	8068438.					
11		b	·	1	40.550		1 1			
12 Investments - other securities Complete Part VII of Schedule D				10b	406622.	4961914.	 	/6	<u>618</u>	16.
13		11	• •				 			
14 Intangible assets 3491 14 15 3491 16 Other assets Complete Part IX of Schedule D 3491 15 3491 17 17 17 17 17 17 18 18			•				 -			
15 Other assets. Complete Part IX of Schedule D 3491. 15 3491. 15 7572594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 752594. 17 17 752594. 17				II of Sc	hedule D					
16			•							
17										
18 Grants payable 690 18 690 690 18 690 690 18 690 690 18 690				line 34	1)	51/2122.		77	525	94.
19 Deferred revenue			• •		ļ		-			
Tax-exempt bond liabilities 20 21			• •			690.			6	90.
21 Escrow account liability. Complete Part IV of Schedule D 21										
Payables to current and former officers. directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Total liabilities and lines 17 through 25 28 Tomplete lines 27 through 29, and lines 33 and 34. 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 31 Total net assets or fund balances 31 Total liabilities and net assets fund balances 32 Total liabilities and net assets fund balances 33 Total assets or fund balances 34 Total liabilities and net assets fund balances 37 Total liabilities and net assets fund balances 38 Tipinancial Statements and Reporting 4 Accounting method used to prepare the Form 990 Cash Accrual Other 29 Were the organization's financial statements audited by an independent accountant? 20 If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 20 If "Yes" to lines 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 30 If "Yes," did the organization undergo the required audit or audits? 30 If "Yes," did the organization undergo the required audit or audits? 31 Total independent accountant? 32 If "Yes," did the organization undergo the required audit or audits? 33 Total independent accountant? 34 Total independent accountant? 35 If "Yes," did the organization undergo the required audit or a			•							
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Organizations that follow SFAS 117, check here			·					0.0	0.47	
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Total liabilities and net assets/fund balances Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? By If "Yes," did the organization undergo the required audit or audits? 34	Net		•	ome, o	or other tunas	3307147		57	170	60
Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? By If "Yes," did the organization undergo the required audit or audits? 3b WIA					-					
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b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c // A 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? 3b // A			- · · · · · · · · · · · · · · · · · · ·	,				1 2-		l x
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b If "Yes," did the organization undergo the required audit or audits?	Jä			uneu (o undergo an addit of adt	uito do Set IOITII III		1 2-		Y
	h		-	or au	lite?		•	<u> </u>		
		16	and the organization undergo the required audi	o auc		· · · · · · · · · · · · · · · · · · ·	· · ·			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

	DEA INC.			74-2396049	ber
Pa		sad Funds or Other Simil	lar Funde or /		
ı a	Complete if the organization answered "Yes" to F			accounts.	
	Complete in the organization answered Tes to F		N/A	(h) Funda and other account	
1	Total number at and of year	(a) Donor advised fund	18	(b) Funds and other accounts	
_	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors		donor advised tu	п. п.	
_	are the organization's property, subject to the organization				VO.
6	Did the organization inform all grantees, donors, and dono		•	. – –	
Da	for chantable purposes and not for the benefit of the donor				No
Pa		he organization answered "Yes"	" to Form 990, Pa	irt IV, line 7 A//A	
1	Purpose(s) of conservation easements held by the organiz				
	Preservation of land for public use (e.g., recreation or	pleasure)		in historically important land are	a
	Protection of natural habitat	L	Preservation of o	ertified historic structure	
2	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qualified co	onservation contribution in the fo	orm or a conserva	ition easement on the last day o	t the
	tax year		-		
_	Total number of accounting accounts		ı	Held at the End of the Ye	<u>}ar</u>
a	Total number of conservation easements	•		2a	
	Total acreage restricted by conservation easements	atomications on about a discrete	•	2b	
C		• •	-	2c	
_	Number of conservation easements included in (c) acquire] 	2d	
3	Number of conservation easements modified, transferred,	released, extinguisned, or termi	nated by the orga	inization during	
	the taxable year	-4			
4	Number of states in which the organization held a conserve			fa	
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, v	violations, and en		
	of the conservation easements it holds?			∐ Yes ∐ N	lo
6 7	Staff or volunteer hours devoted to monitoring, inspecting,	=	•		
8	Amount of expenses incurred in monitoring, inspecting, an			VDV:	
•	Does each conservation easement reported on line 2(d) at and section 170(h)(4)(B)(ii)?	bove satisfy the requirements of	section 170(n)(4)		
9	In Part XIV, describe how the organization reports conserv	ation agraments in its revenue.	and avnance state		lo
3	include, if applicable, the text of the footnote to the organiz				
	conservation easements	ation's imancial statements that	describes the org	garrization's accounting for	
Par	t III Organizations Maintaining Collections	of Art Historical Treasur	res or Other 9	Similar Assats	
	Complete if the organization answered "Yes" to Fe	=	es, or other t	M/A	
1 5	If the organization elected, as permitted under SFAS 116,		ment and halance		
	treasures, or other similar assets held for public exhibition,	<i>'</i>		•	
	text of the footnote to its financial statements that describe		rance of pablic of	orvios, provide, irri art XIV, tile	
		o mode hems			
	olf the organization elected, as permitted under SFAS 116,	to report in its revenue statemen	nt and halance sh	eet works of art, historical trea	
_	sures, or other similar assets held for public exhibition, edu				te
	relating to these items:	on toosalon in fullification	oo or public servic	o, provide the following amount	J
	(i) Revenues included in Form 990, Part VIII, line 1			▶ ¢	
	(ii) Assets included in Form 990, Part X			▶ \$ ▶ \$	
2	If the organization received or held works of art, historical t	reasures or other similar assots	s for financial acid	· · · · · · · · · · · · · · · · · · ·	
_	required to be reported under SFAS 116 relating to these if		ioi illialiciai yali	i, provide the following amounts	
	Revenues included in Form 990, Part VIII, line 1	iomo		▶ €	
	Assets included in Form 990, Part X	•	•	. > \$	
C	, resolutioned in Form 330, Falt A.,	• • • •	•	· 🕶 💆	

	(II) related organizations .				3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations li	sted as required on Sched	lule R?		3b
4	Describe in Part XIV the intended uses of the o	rganization's endowment t	unds		
Par	t VI Investments-Land, Building	gs, and Equipment.	See Form 990, Part	X, line 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1 a	Land	456,090.			456,090.
ь	Buildings	7,612,348.		406,622.	7,205,726.
c	Leasehold improvements				
d	Equipment				
е	Other				
Total	. Add lines 1a-1e (Column (d) should equal For	m 990, Part X, column (B)	line 10(c))	>	7,661,816.

Schedule D (Form 990) 2008

3a(i)

(i) unrelated organizations .

Schedule D (Form 990) 2008 74-2396049 IDEA INC. Page 3 Investments-Other Securities. See Form 990, Part X, line 12 Part VII NIA (c) Method of valuation (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives and other financial products Closely-held equity interests Other Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments-Program Related. See Form 990, Part X, line 13 NIA (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value FILING CABINET 165. HABITAT /RESTORE BUILDING 3,326. Total. (Column (b) should equal Form 990, Part X, col (B) line 15) 3,491. Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of Liability (b) Amount Federal Income Taxes ENGINEERING DEPOSIT FORFITED AND SENT AS MATCH TO WYO BUS COUNC Total. Column (b) should equal Form 990, Part X, col. (b) line 25 In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection cnteria Complete if the organization answered "Yes," of Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ▶ Attach to Form 990. General Information on Grants and Assistance used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service IDEA INC. **SCHEDULE 1** (Form 990) Part I

ŝ

X Yes

OMB No 1545-0047

Employer identification number

74-2396049

2008 Open to Public Inspection

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	ocedures for	monitoring the use of gr	ant funds in the United (States United States. Con	nplete if the organiz	zation answered ``)	es"
on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more	e 21, for ar	y recipient that re	ceived more than	\$5,000. Check this t	oox if no one recipie	ent received more	
1 (a) Name and address of (b) EIN (c) IRC (d) Amount of cash	(b) EIN	(c) IRC		(e) Amount of non-cash (f) Method of valuation	(f) Method of valuation	(a) Description of	(h) Purpose of grant
ent		section		assistance	(book, FMV, appraisal,	non-cash assistance	or assistance
		rf applicable			other)		
RIVERTON DEPOT FND 205 S 82501- WY R83-0291755	291755	501 c 3	26,000.				PARK PURCA
	<u> </u>						
2 Enter total number of section 501(c)(3) and government organizations	and governme	ent organizations				A	H
3 Enter total number of other organizations	S			•	:		2
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e Instruction	s for Form 990.				Sched	Schedule I (Form 990) 2008

BCA

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

2008 Open To Public

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 74-2396049

_ IDEA INC.							74-	2396	049			
Part I Excess Benefit Tran												
To be completed by organ	izations that	answered ``	Yes" on Forr	m 990, F	Part IV, lines 25a	a or b, or For	n 990-E	Z, Part V,				
1 (a) Name of disqualified p	erson		(b) Description of tr			of transaction	transaction			(c) Corrected?		
										s	No	
		-								-		
			 		-					\dashv		
										_		
										\neg	-	
2 Enter the amount of tax imposed on	the organiza	ition manage	ers or disqual	lified per	rsons during the	year year						
under section 4958							. •	* \$				
3 Enter the amount of tax, if any, on lin	ie 2, above, i	reimbursed t	by the organi	zation			•	· \$				
Part II Loans to and/or From	m Interest	ed Person	ns			· - ·						
To be completed by organ				n 990. P	Part IV. line 26. d	or Form 990-l	7 Part	V. line 38	la			
(a) Name of interested person & purpose			(c) Original		(d) Balance				roved	(g) Written		
	the organization?		principal amount			` `			committee?		agreement?	
	То	From				Yes	No	Yes	No	Yes	No	
					1		 				 	
							 					
		 	<u> </u>				 				 	
	 				_							
					<u> </u>						_	
Total			. . .	▶ \$	•		·	L1				
Part III Grants or Assistance		_										
To be completed by organ	zations that	answered "	Yes" on Forn	n 990, P	art IV, line 27							
(a) Name of interested person (b) Relationshi			p between interested person		(c) Am	ount of g	rant or ty	pe of ass	sistan	се		
		and the organization										
	-					 						
		-										
						1						
Part V Business Transactio		_										
To be completed by organ												
(a) Name of interested person	(b) Relationship between interperson and the organization			''		(d) Description of transaction			1 1-7	1		
	person	and the orga	anization	ti	ransaction				organization's revenues? Yes No			
CH MOORE, CPA	BOARD	MEMBER		<u> </u>	2,637.	ACCOUN	TING		16		X	
			-		_, -,,	1.00001			_			
	1			I		1				T		

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)

Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Department of the Treasury Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number IDEA INC. 74-2396049 PART VI, LINE 10 BOARD OF DIRECTORS REVIEWS FORM 990 PART VI PART B, LINE 12C BOARD OF DIRECTORS FAMILIARITY WITH OTHER BOARD MEMBERS PART VI, PART B, LINE 15A, 15B ALL OFFICERS AND DIRECTORS SERVE WITH NO COMPENSATION PART VI, SECTION C LINE 19 ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION AT LISTED OFICE ADDRESS PART 111, LINE 4D ORGANIZATION PROVIDES ECONOMIC DEVELOPMENT ASSISTANCE AND POINT OF CONTACT FOR COMMUNITY AND ECONOMIC DEVELOPMENT

Supplemental Information to Form 990

BCA

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization IDEA INC.

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

2008
Open to Public Inspection

OMB No 1545-0047

▶ See separate instructions.

Employar identification number 74-2396049

Part I Identification of Disregarded Entities.					•
(A)	(B)	(2)	(Q)	(E)	(F)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state	Total income	End-of-year assets	Direct controlling
1 / 20		or foreign country)	(\$)	(\$)	entity
				_	
Part II Identification of Related Tax-Exempt Organizations		1 682			
(A)	(B)	(0)	(a)	(E)	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public chanty status	Direct controlling
		or foreign country)		(if section 501(c)(3))	entity
RIVERTON DEPOT FOUNDATION 83-0291755 205 S BRDWY Riverton WY 82501-	PARKLAND	WY	501 C 3	6	N/A
or Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sche	Schedule R (Form 990) 2008

Page 2

(J) General or managing partner? 00.0 Percentage 00.0 0.00 00.0 00.0 0.00 0.00 ownership Yes Schedule R (Form 990) 2008 $\widehat{\Xi}$ (I) Code V-UBI amount on Box 20 of K-1 (G) Share of end-of-year assets (H)
Disproportionate
allocations? ŝ Share of total income Yes Œ (G)
Share of end-ofyear assets Type of entity (C corp, S corp, or trust) Share of total income 4/2 8/8 (D)
Direct controlling (E)
Predominant income (related, invest-ment, unrelated) entity) Identification of Related Organizations Taxable as a Corporation or Trust Identification of Related Organizations Taxable as a Partnership (C)
Legal domicile
(state or
foreign country) (D)

1 Direct controlling | 1 entity Primary activity (C) Legal domicile (state or foreign country) (B) Primary sictivity Name, address, and EIN of related organization (A)
Name, address, and EIN of related organization Part IV Part III

OMB No. 1545-0172 Form 4562 **Depreciation and Amortization** 2008 (Including Information on Listed Property) Attachment Department of the Treasury See separate instructions. Attach to your tax return. Internal Revenue Service Sequence No 67 Name(s) shown on return Business or activity to which this form relates Identifying number IDEA INC. REAL ESTATE 74-2396049 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 127,477. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr (d) Recovery (g) Depreciation (e) (a) Classification of property year placed in (f) Method (business/investment use period Convention deduction service only - see instructions) 3-year property 19a b 5-year property C 7-year property 10-year property 15-year property 20-year proporty 25-year property 25 yrs S/L Residential rental 27 5 yrs MM S/L property 27.5 yrs ММ S/L 2,753,132. 27,851. Nonresidential real 39 yrs MM S/L property MM Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs S/L 40-year S/L 40 yrs MM Part IV Summary (See instructions) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 155,328. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2008)

Form **8868**

(Rev. April 2008)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Internal Revenue	e Service	File a separate application for each return.				
If you ar	e filing for ar	Automatic 3-Month Extension, complete only Part I and check this box	. > X			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).						
Do not com	plete Part il	unless you have already been granted an automatic 3-month extension on a previously filed Fo	orm 8868.			
-Part I-	Automa	lc 3-Month Extension of Time. Only submit original (no copies needed)				
A corporatio	n required to	file Form 990-T and requesting an automatic 6-month extension - check this box and complete	Part Lonly			
		cluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exi	•			
	e tax returns.	The state of the s	onsion of time			
		Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of	time to file one of the returns			
		r a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically				
		extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consoli				
		completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of	•			
		rities & Nonprofits	· and lorn, viole vivii no go violino			
Type or			Employer identification number			
print	74-2396049					
File by the						
Gling your 205 SOUTH BROADWAY						
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions						
	RIVE	RTON WY 82501				
Check type	of return to i	pe filed (file a separate application for each return)				
⊠ Form 9	990	Form 990-T (corporation)	rm 4720			
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227						
Form 990-EZ Form 990-T (trust other than above) Form 6069						
Form	990-PF	Form 1041-A	rm 8870			
		care of ► CH MOORE & CO				
Telepho	ne No 🕨 .	307-856-9214 FAX No. ▶	_			
If the org	ganızation do	es not have an office or place of business in the United States, check this box	▶ 📋			
If this is:			s is for the whole group,			
check this bo	ox ▶ []. If i	is for part of the group, check this box I and attach a list with the names and EINs of a	I members the extension			
will cover.						
1 I request		c 3-month (6 months for a corporation required to file Form 990-T) extension of time until				
	l	$4 { m AR} \;\; 15$, 20 $\; 10$, to file the exempt organization return for the organization named a	bove The extension is for the			
. n	ition's return					
H -	alendar year					
► [X] t	ax year begir	ining Aug 01 , 20 08 , and ending	<u>Jul 31</u> ,20 <u>09</u>			
2 If this tax year is for less than 12 months, check reason.						
3 a If this ap	plication is fo	r Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable				
		·	3a \$			
credits. See instructions. 3a \$ b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include						
	any prior year overpayment allowed as a credit.					
		ct line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD co				
		g EFTPS (Electronic Federal Tax Payment System) See instructions.	3c \$ -0-			
		to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879				
						
FOR PRIVACY	ACT AND Pap	erwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2008)			